## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # P9200000128 1. Entity Name HAUPT & COLLINS, INC. 04-12-2000 90156 008 \*\*\*150.00 Principal Place of Business Mailing Address 1342 COLONIAL BLVD. 1342 COLONIAL BLVD. FT. MYERS FL 33907 FT. MYERS FL 33907-1013 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0365865 Not Applicable Zìp Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAUPT-KEITH-M-COLLINS, TROY D O Box Number is Not Acceptable) 1342 COLONIAL BLVD. #E-40A FORT MYERS FL 33907 8. The above named entity submits this statement in the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE t and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **VPS** TITLE ☐ Detete TITLE **V** PS Addition HAUPT, KEIII S. Colonial BIVD, Stc E-40A HAUPT, KEITH M NAME NAME 1342 COLONIAL BLVD., #E-40A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33907 FORTMYCTS, FL 33907 PT Change Delete ☐ Addition TITLE TITLE HAUPT, KEITH M. 1342 COLONIAL BIVE, #E-4014 COLLINS, TROY D-NAME NAME STREET ADDRESS 1342 COLONIAL BLVD., #E-40A STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33907 CITY-ST-ZIP FORT MYERS, FL 33907 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-712

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D